



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

April 12, 2007

Darren West, Administrator  
Caring Hearts Assisted Living  
3480 East Center Street  
Pocatello, ID 83201

License #: RC-830

Dear Mr. West:

On March 6, 2007, a life safety code survey was conducted at Caring Hearts Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

CHRIS LAUMANN  
Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

CL/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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March 14, 2007

Darren West, Administrator  
Caring Hearts Assisted Living  
3480 East Center Street  
Pocatello, ID 83201

Dear Mr. West:

On March 6, 2007, a life safety code survey was conducted at Caring Hearts Assisted Living. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by April 5, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Grimes", with a long horizontal flourish extending to the right.

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R830</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BUILDING 1</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARING HEARTS ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3480 EAST CENTER STREET POCATELLO, ID 83201</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on March 6, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Chris Laumann Health Facility Surveyor Facility Fire safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

XUX721

If continuation sheet 1 of 1



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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Caring Hearts Senior Center</i>	Physical Address <i>3480 E Center St.</i>	Phone Number <i>(208) 232-0287</i>
Administrator <i>Darren Dorth West</i>	City <i>Pocatello, ID</i>	ZIP Code <i>83201</i>
Survey Team Leader <i>Chris Laumann</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>3/6/2007</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1.	403.02	Smoke resistant partitions: The closet of room 6 had a gap surrounding the sprinkler head measuring approximately 1/4 inch. A sprinkler head in the middle of room 1 had a gap surrounding it measuring approximately 1/4 inch. The fire barrier in the basement was compromised by a 1/4 inch gap surrounding the sprinkler riser piping.		
2.	415.02	Fuel-fired Heating Systems had not been serviced within the last year.		
3.	415.04	The Alarm Smoke detection system documentation of inspection within the last year could not be found.		
4.	415.05	The Automatic Sprinkler system certification and annual inspection could not be found.		

Response Required Date <i>4/6/2007</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>3/6/07</i>
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